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**CONFIRMATION NO. 5004**

<b>SERIAL NUMBER</b> 09/846,866	<b>FILING DATE</b> 05/01/2001  <b>RULE</b>	<b>CLASS</b> 712	<b>GROUP ART UNIT</b> 2183	<b>ATTORNEY DOCKET NO.</b> 38,146	
<b>APPLICANTS</b> Chong Khai Diong, Puchong, MALAYSIA;					
<b>** CONTINUING DATA *****</b> <div style="display: flex; justify-content: space-around; font-size: 1.2em;"> <span>No</span> <span>JWC</span> </div>					
<b>** FOREIGN APPLICATIONS *****</b> <div style="display: flex; justify-content: space-around; font-size: 1.2em;"> <span>No</span> <span>JWC</span> </div>					
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 06/25/2001</b> <div style="text-align: right; font-weight: bold;">** SMALL ENTITY **</div>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		<b>STATE OR COUNTRY</b> MALAYSIA	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 25	<b>INDEPENDENT CLAIMS</b> 2
Verified and Acknowledged <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">               Examiner's Signature           </div> <div style="text-align: center;">             JWC              Initials           </div> </div>					
<b>ADDRESS</b> Jeffrey Furr 176 Saratoga Drive Johnstown, OH 43031					
<b>TITLE</b> Network architecture for internet appliances					
<b>FILING FEE RECEIVED</b> 400	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:				
<div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> All Fees         </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> 1.16 Fees ( Filing )         </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )         </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> 1.18 Fees ( Issue )         </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Other _____         </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Credit         </div>					